

County: Eau Claire  
 SYVERSON LUTHERAN HOME  
 816 PORTER AVENUE

Facility ID: 5300

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EAU CLAIRE 54701 Phone: (715) 832-1644  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 114  
 Total Licensed Bed Capacity (12/31/01): 115  
 Number of Residents on 12/31/01: 108

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 110

Nonprofit Church/Corporation  
 Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.7
Supp. Home Care-Personal Care	No					1 - 4 Years		39.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.9	More Than 4 Years		18.5
Day Services	No	Mental Illness (Org./Psy)	52.8	65 - 74	5.6			-----
Respite Care	No	Mental Illness (Other)	0.9	75 - 84	32.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.9		100.0	(12/31/01)		
Other Meals	Yes	Cardiovascular	15.7	65 & Over	98.1	-----		
Transportation	No	Cerebrovascular	7.4		-----	RNs		17.7
Referral Service	No	Diabetes	2.8	Sex	%	LPNs		4.9
Other Services	No	Respiratory	4.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.3	Male	18.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	81.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Per Di em (\$)	Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	No.	%					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	304	54	91.5	108	0	0.0	0	45	100.0	131	0	0.0	0	0	0.0	0	103	95.4
Intermediate	---	---	---	5	8.5	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	4.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		59	100.0		0	0.0		45	100.0		0	0.0		0	0.0		108	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	7.1	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.7	Bathing	3.7	59.3	37.0	108
Other Nursing Homes	5.7	Dressing	11.1	63.0	25.9	108
Acute Care Hospitals	82.9	Transferring	24.1	54.6	21.3	108
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	16.7	51.9	31.5	108
Rehabilitation Hospitals	0.0	Eating	58.3	29.6	12.0	108
Other Locations	3.6	*****				
Total Number of Admissions	140	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	1.9	Receiving Respiratory Care		0.0
Private Home/No Home Health	19.4	Occ/Freq. Incontinent of Bladder	60.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	18.1	Occ/Freq. Incontinent of Bowel	26.9	Receiving Suctioning		0.0
Other Nursing Homes	5.6			Receiving Ostomy Care		0.9
Acute Care Hospitals	6.3	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	6.5	Receiving Mechanically Altered Diets		36.1
Rehabilitation Hospitals	0.0					
Other Locations	9.7	Skin Care		Other Resident Characteristics		
Deaths	41.0	With Pressure Sores	7.4	Have Advance Directives		98.1
Total Number of Discharges		With Rashes	0.9	Medications		
(Including Deaths)	144			Receiving Psychoactive Drugs		40.7

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.7	89.4	1.07	83.8	1.14	84.3	1.13	84.6	1.13
Current Residents from In-County	88.0	82.7	1.06	84.9	1.04	82.7	1.06	77.0	1.14
Admissions from In-County, Still Residing	27.1	25.4	1.07	21.5	1.26	21.6	1.26	20.8	1.30
Admissions/Average Daily Census	127.3	117.0	1.09	155.8	0.82	137.9	0.92	128.9	0.99
Discharges/Average Daily Census	130.9	116.8	1.12	156.2	0.84	139.0	0.94	130.0	1.01
Discharges To Private Residence/Average Daily Census	49.1	42.1	1.17	61.3	0.80	55.2	0.89	52.8	0.93
Residents Receiving Skilled Care	95.4	93.4	1.02	93.3	1.02	91.8	1.04	85.3	1.12
Residents Aged 65 and Older	98.1	96.2	1.02	92.7	1.06	92.5	1.06	87.5	1.12
Title 19 (Medicaid) Funded Residents	54.6	57.0	0.96	64.8	0.84	64.3	0.85	68.7	0.80
Private Pay Funded Residents	41.7	35.6	1.17	23.3	1.78	25.6	1.63	22.0	1.89
Developmentally Disabled Residents	0.0	0.6	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	53.7	37.4	1.44	37.7	1.42	37.4	1.44	33.8	1.59
General Medical Service Residents	9.3	21.4	0.43	21.3	0.44	21.2	0.44	19.4	0.48
Impaired ADL (Mean)	51.5	51.7	1.00	49.6	1.04	49.6	1.04	49.3	1.04
Psychological Problems	40.7	52.8	0.77	53.5	0.76	54.1	0.75	51.9	0.79
Nursing Care Required (Mean)	5.7	6.4	0.89	6.5	0.88	6.5	0.87	7.3	0.77